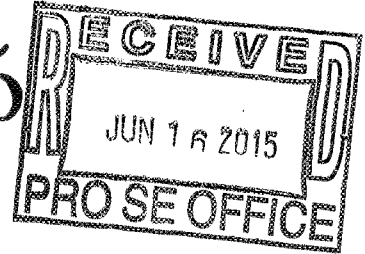


UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

RONALD CARTER

15CV 4705



(In the space above enter the full name(s) of the plaintiff(s).)

-against-

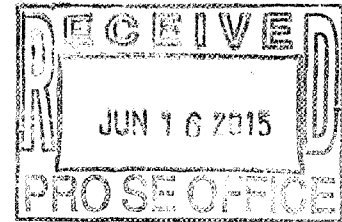
CORRECT CARE SOLUTION, CCS, MICHAEL KELLY, MEDICAL
DIRECTOR "DE.U", WANDA SMITHSON, R. ORLANDO,
CAPTAIN MIDDLETON, SGT. OMESS, SGT. LOPEZ, CAPTAIN HARDY,
SGT. BELL, SGT. ROBERTSON, SGT. AZIM, SGT. HAYES,
JOHN DOE WHO ASSISTED ON THE MEDICAL TRIP TO
MT. VERNON HOSPITAL ON DECEMBER 16, 2013
JUSTIN D. PRUNNE, ROSE DIERCKSEN, KARI WHITE,
JOANNA MIKHAIL-POWE, DIANE TUTARO, LINDA BEYER,
BARBARA GUBBAY, MICHAEL LAMORESE, RHONAHYMAN
KIM CONKLIN, TERRY ALEXANDER

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
(check one)



I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

RONALD CARTER

ID #

68336-054

Current Institution

FCI FAIRTON FEDERAL CORRECTIONAL INSTITUTION

Address

P.O. BOX 420

FAIRTON, NEW JERSEY 08320

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name

CORRECT CARE SOLUTION, Medical Services

Shield #

Where Currently Employed

WESTCHESTER COUNTY JAIL

Address

P.O. BOX 10

90187 WOLF ROAD, SUITE 101

VALHALLA, N.Y. 10595

ALBANY, N.Y. 12205

Defendant No. 2 Name MEDICAL DIRECTOR "DR. U" RAUL ULLOA Shield # _____
 Where Currently Employed WESTCHESTER COUNTY JAIL
 Address P.O. BOX 10
VALHALLA, N.Y. 10595

Defendant No. 3 Name WANDA SMITHSON, DEPUTY COMMISSIONER Shield # _____
 Where Currently Employed WESTCHESTER COUNTY JAIL
 Address P.O. BOX 10
VALHALLA, N.Y. 10595

Defendant No. 4 Name MICHAEL KELLY - DIRECTOR OF NURSING Shield # _____
 Where Currently Employed WESTCHESTER COUNTY JAIL
 Address P.O. BOX 10
VALHALLA, NEW YORK 10595

Defendant No. 5 Name R. ORLANDO - ASSISTANT WARDEN Shield # _____
 Where Currently Employed WESTCHESTER COUNTY JAIL
 Address P.O. BOX 10
VALHALLA, NEW YORK 10595
SEE ATTACHMENTS - B

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur?
WESTCHESTER COUNTY JAIL, MDC IN BROOKLYN, N.Y.
- B. Where in the institution did the events giving rise to your claim(s) occur?
NEW JAIL CLINIC, OLD JAIL CLINIC, 2 NW IN THE NEW JAIL, MDC RECEIVING AREA,
- C. What date and approximate time did the events giving rise to your claim(s) occur?
MARCH 21, 2013 - MARCH 4, 2014 IN THE WESTCHESTER COUNTY JAIL
MARCH 4, 2014 IN MDC BROOKLYN, NY
SEE ATTACHMENT - PART C

TRULINCS 68336054 - CARTER, RONALD - Unit: FAI-D-L

Defendant No. 6

Sgt. Omens
Westchester County Jail
PO Box 10
Valhalla, New York 10595

Defendant No. 7

Sgt. Lopez
Westchester County Jail
PO Box 10
Valhalla, New York 10595

Defendant No. 8

Captain Hardy
Westchester County Jail
PO Box 10
Valhalla, New York 10595

Defendant No. 9

Sgt. Robertson
Westchester County Jail
PO Box 10
Valhalla, New York 10595

Defendant No. 10

Sgt. Bell
Westchester County Jail
PO Box 10
Valhalla, New York 10595

Defendant No. 11

Sgt. Azim
Westchester County Jail
PO Box 10
Valhalla, New York 10595

Defendant No. 12

Sgt. Hayes
Westchester County Jail
PO Box 10
Valhalla, New York 10595

Defendant No. 13

John Doe (medical trip 12/16/2013 to the Mt. Vernon Hospital)
Westchester County Jail
PO Box 10
Valhalla, New York 10595

Defendant No. 14

John Doe (medical trip 12/16/2013 to the Mt. Vernon Hospital)

TRULINCS 68336054 - CARTER, RONALD - Unit: FAI-D-L

FROM: 68336054
TO:
SUBJECT: Complaint
DATE: 04/06/2015 01:03:30 PM

Justin D. Pruyne Deputy Commissioner
Westchester County Jail
P.O. Box 10
Valhalla, NY 10595

Defendant No. 16

Rose Dierksen
Westchester County Jail
PO Box 10
Valhalla, NY 10595

Defendant No. 17

Kari White
Westchester County Jail
PO Box 10
Valhalla, NY 10595

Defendant No. 18

Joanna Mikhail-Powe
Westchester County Jail
PO Box 10
Valhalla, NY 10595

Defendant No. 19

Diane Tufaro
Westchester County Jail
PO Box 10
Valhalla, NY 10595

Defendant No. 20

Linda Beyer
Westchester County Jail
PO Box 10
Valhalla, NY 10595

Defendant No. 21

Barbara Gubbay
Westchester County Jail
PO Box 10
Valhalla, NY 10595

Defendant No. 22

Michael Lamorgese
Westchester County Jail
PO Box 10
Valhalla, NY 10595

TRULINCS 68336054 - CARTER, RONALD - Unit: FAI-D-L

Defendant No. 23

Rhona Hyman
Westchester County Jail
PO Box 10
Valhalla, NY 10595

Defendant No. 24

Kim Conklin
Westchester County Jail
PO Box 10
Valhalla, NY 10595

Defendant No. 25

Terry Alexander
Westchester County Jail
PO Box 10
Valhalla, NY 10595

TRULINCS 68336054 - CARTER, RONALD - Unit: FAI-D-L

FROM: 68336054
TO:
SUBJECT: Part C
DATE: 03/10/2015 05:09:03 PM

*Enter Westchester County Jail March 21, 2013

*In my commitment papers March 21, 2013 Magistrate Judge Lisa Margaret Smith documented that I have medical concerns where I need medical attention.

*Seen by a NP March 26, 2013 in the nurse station for my neck, back and foot pain. Medical put in for me to see a Physical Therapist

*I filed a grievance March 29, 2013 complaining about not receiving no pain medication or medical treatment. I signed off on the grievance on April 4, 2013 in hopes that things would progress for medical treatment without being given pain medication.

*I put in another grievance April 18, 2013 that was denied by Sgt. John Doe stating the grievance is the same grievance I put in on March 29, 2013 denied no further action was taken the grievance process was not conducted with a proper investigation.

*May 19, 2013 I was seen by medical staff John Doe and Jane Doe no physical therapy just pain medication muscle relaxer and a belly stabilizer brace issue as a back brace. On that day medical emailed the physical therapist to again request that I be seen for treatment.

*May 17, 2013 another sick call slip was put in for the same complaints the pain in my neck and back continued to be unbearable I was called for sick call May 28, 2013. Examine by a NP Jane Doe who conducted a semi physical examine on me regarding the pain in my neck and back. I was informed that a MRI is needed, I will be seen by the facility Orthopedic when he come in from the street and hopefully in the meantime begin physical therapy. Motrin was ordered for two days.

*May 20, 2013 I had to put in another sick call slip due to the order for the Motrin expired.

*May 31, 2013 called for sick call but cancel the NP Jane Doe left the nurse station.

*June 1, 2013 I placed another sick call slip in the request box

*June 12, 2013 I went to the clinic for the pain in my neck and back increasing.

*June 4, 2013 I was called for physical therapy John Doe stated there was nothing he could actually do for me due to the condition of my body. He informed me what to try and do to loosen up my body.

*June 24, 2013 I put in another grievance against medical for the lack of medical treatment the grievance was never answered back in the 5 business days so I spoke to Sgt. Omess and a Warden John Doe on July 2, 2013 concerning the matter zero results.

*June 25 I went to the Old Jail clinic to sign papers to go out for a MRI

*July 2, 2013 I went without medication nobody knew what medication to give me.

*July 2, 2013 at 6:10 pm Sgt. Omess informed me on 2NW in the New Jail that he spoke to the Medical Director in regard to my grievance and he stated the Medical Director informed him he will not be changing my medication. The computer was down when I spoke to the NP John Doe concerning the medication nobody never informed me that the computers were down so no medication was ever prescribed to me.

*June 25, 2013 went to the Old Jail clinic to be seen by the outside Orthopedic and to sign paperwork to go out for a MRI trip

*July 2, 2013 Sgt. Omess told me that when a grievance is filed against medical its faxed to the medical director then a response is returned in an email that he cannot access it being that it is Sgt. Brown email. I would have to wait until Sgt. Brown comes back to get my grievance response.

July 2, 2013 Sgt. Omess come back to the 2 NW unit at 9:30 pm stating now he cannot sign off on the grievance tonight he has

TRULINCS 68336054 - CARTER, RONALD - Unit: FAI-D-L

to speak to the two NP Jane Doe and John Doe to see what they said because nobody contacted the Medical Director a entirely different story from earlier at 6:10 pm on 7/2/2013.

July 3, 2013 I was informed by another supervisor that Sgt. Omess has the day off so the grievance will not be answered until Sgt. Omess or Sgt. Brown return to work.

July 3, 2013 I then spoke to another Sgt. Luis regarding the matter who bought the grievance to me at 2:15 pm at that time I requested to appeal the grievance to the Chief Administrative Officer.

July 5, 2013 I was called out to sign and be informed the paperwork has been completed for me to go out for a MRI trip.

*PLEASE SEE MEDICAL RECORDS DATE AND TIMES THAT OTHER INCIDENTS TOOK PLACE DURING SICK CALL WHERE ITS DOCUMENTED THE CONDITION OF MY HEALTH.

TRULINCS 68336054 - CARTER, RONALD - Unit: FAI-D-L

FROM: 68336054

TO:

SUBJECT: continuation to Part C

DATE: 04/06/2015 05:53:31 PM

*July 4, 2013 I put in a sick call slip about not receiving medical treatment after a response in the grievance that stated a NP would be assigned to meet with me to set up a pain management program.

*July 7, 2013 I placed another sick call slip in the request box to explain how severe the pain is in my neck and back.

*July 8, 2013 I made a complaint to medical in regard to the pain in my neck and back from no one responding to my sick call request slip.

* July 16, 2013 I was brought downstairs to go out on a MRI trip. I never went out when I was walking out to the van in handcuffs with a chain wrapped around my waist constricting my arms to my side putting pressure in my neck and spine immediately my body shut down. I could not walk from losing the strength in my arms and legs where my back locked up on me. I had to put in a sick call request slip from the NP in the booking area only taking notes in regard to the pain. I was experiencing where the John Doe's and a supervisor was trying to convince me to endure the pain to go out on the trip. When I refused from being in pain I was sent back up to my housing unit. My complaint is documented 7/18/2013.

* August 8, 2013 I put in for something to support my back. I was given a belly stabilizer.

*September 11, 2013 I remained in constant pain. I put in a sick call slip. A referral was put in for me to be seen by a orthopedic. Its documented that June 24, 2013 pain management. I never received any type of pain management it do not exist in the Westchester County Jail.

*October 10, 2013 I put in a sick call slip to try to get physical therapy.

*October 17, 2013 I put in a sick call slip in regard to the pain increasing in my neck and back. Along with why the medication stopped.

*October 29, 2013 I informed medical of my pain without pain medication how the pain continue daily increasing in my neck and back.

*November 12, 2013 I put in a detail sick call slip requesting to speak with the Medical Director in regard to my health after complaining for months about the pain never granted.

*November 17, 2013 Another request made to medical to speak with someone other then Nurse Practitioners that could not provide me with adequate medical care.

*November 21, 2013 I explained to medical how difficult it is for me to rest at night being given medicine at 5:00 pm that wear off by 12 pm

*December 21, 2013 I made a complaint to medical that no one answered my request slip on 12/17/2013. I shared that the pain starts from behind my ears all the way down through my neck and back.

*December 26, 2013 I put in a medical request to speak with the Medical Director to go over my MRI results from December 16, 2013. To hopefully begin receiving treatment and better care for my injuries. Request never granted.

*January 12, 2014 I had to put in a medical slip from the medication expiring.

*January 26, 2014 Another medical complaint regarding the medication expiring and the pain in my neck, shoulders and back increasing making it difficult for me to rest at night.

*January 31, 2014 When I returned from Court. I requested medical attention in the Booking area. I was experiencing a tingle in my fingers and numbness in my arms and legs. I was denied medical attention and sent back to my block. I was never given medical treatment.

*February 4, 2014 I requested for something better to help support my back to medical.

TRULINCS 68336054 - CARTER, RONALD - Unit: FAI-D-L

*February 6, 2014 I explained to medical the belly stabilizer they issued me is putting more of a strain in my neck and back. Requested for the brace Kevin who do Physical Therapy issued me denied.

*February 8, 2014 I wrote out a complaint to medical to make them aware of the pain in my neck and back from not having nothing to support or help keep my posture upright to stop walking around in a bent position. I requested for a better brace denied.

*February 22, 2014 I put in a sick call slip informing medical of the pain in my neck, shoulders, arms and back down into my legs.

*All the above dates are documented in my medical records of the numerous times. I sought medical treatment. None of my concerns were taking serious which resulted in me continuing to file and document the dates. I never met with the Medical Director "Dr. Raul Ulloa" to discuss any of my concerns even after the MRI results came back.

What happened to you?

D. Facts: WHEN I ADDRESSED DEPUTY COMMISSIONER WANISA SMITHSON IN A LETTER DATED AUGUST 29, 2013 (EXHIBIT C) AFTER SHE HAD DENIED EVERY GRIEVANCE I APPEALED TO THE CHIEF ADMINISTRATIVE OFFICER WITHOUT ANY OF MY GRIEVANCES BEING PROPERLY INVESTIGATED. WANISA SMITHSON SIGNED OFF ON A GRIEVANCE JULY 8, 2013 WITHOUT PROPERLY INVESTIGATING MY MEDICAL CONCERNS.

SEE ATTACHMENT - PART D WHAT HAPPEN TO YOU?

Who did what?

*WANISA SMITHSON-DEPUTY COMMISSIONER NEVER HAD THE GRIEVANCES PROPERLY INVESTIGATED WHICH RESULTED IN THE TREATMENT NEVER BEING GIVEN TO ME THAT DIMINISH MY HEALTH. MEDICAL DIRECTOR "DR. U" HAD IN RESPONSE FOR A GRIEVANCE I PUT IN STATING THAT HE SPOKE TO ME PERSONALLY REGARDING THE MRI RESULTS. I NEVER SPOKE TO THE MEDICAL DIRECTOR WHEN THE RESULTS CAME BACK.

Was anyone else involved?

SEE ATTACHMENT PART D WHO DID WHAT?

← THE NUMEROUS TIMES WHEN I WAS TAKEN TO COURT BY THE FEDERAL MARSHALLS JOHN DOE'S AND JANE DOE THEY WITNESS THE CONDITION OF MY HEALTH, WHERE I SHARED WITH THEM THAT I WAS NOT RECEIVING ADEQUATE MEDICAL CARE, WHEN I WAS BEING TRANSFER TO MDC IN BROOKLYN AS EXPLAINED I LOST ALL FEELING IN MY HANDS, ARMS, AND LEGS NEEDING TO BE PLACED IN A WHEELCHAIR. MARCH 4, 2014.

Who else saw what happened?

← THE CAMERAS FROM MARCH 21, 2013 TO MARCH 4, 2013. DOCUMENTED IN MY MEDICAL RECORDS, THE NUMBER OF TIMES I WENT TO SICK CALL. JEFFERY ANTON MY CIVIL ATTORNEY WITNESS THE CONDITION OF MY BODY DURING A ATTORNEY VISIT.

SEE ATTACHMENT PART D. WHO ELSE SAW WHAT HAPPEN?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. AFTER LEARNING ABOUT THE MRI RESULTS SPEAKING WITH SEVERAL NURSE PRACTITIONERS IN THE WESTCHESTER COUNTY JAIL. THEN BEING SEEN BY A ORTHOPEDIC FOR THE SECOND TIME. THE LAST MEETING FEBRUARY 25, 2014. (EXHIBIT D) I WAS AGAIN EXPLAINED THAT I NEED SURGERY AND HAVE TO BE SEEN BY A SPINE SURGEON. OVER THE LAST 2 YEARS FROM NOT RECEIVING NO MEDICAL ATTENTION MY HEALTH HAS CONTINUE TO DIMINISH.

SEE ATTACHMENT III. INJURIES

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

TRULINCS 68336054 - CARTER, RONALD - Unit: FAI-D-L

FROM: 68336054

TO:

SUBJECT: Part D. What happen to you?

DATE: 04/06/2015 01:04:38 PM

Please Note: Westchester County Jail do not have a pain management program. I was never assigned a NP my rights were violated by the NP discussing my medical concerns around other inmates.

Another time documented I was admitted to the Westchester Medical Center on March 2, 2014 for having the hiccups for over 5 days after I made complaints to the medical staff finally I was sent out to the Westchester Medical Center where after test were done myself and two officers (John Doe) were informed that I am being admitted. I was awoke around 2:00 am in the morning by the officers informing me they were just informed they have orders to bring me back to the jail. I returned back to the jail in pain barely able to walk and talk not knowing what was wrong except the order was given to have me released from the Westchester Medical Center back to the jail.

Next I was awoke around 5:30 am to go to the Old Jail Clinic for my medication that I am being transfer out of the Westchester County Jail. When I was bought down to booking around 6:00 am the officer at the front desk (John Doe) informed that "the Deputy Commissioner Wanda Smithson want me out of her jail" when the Federal Marshalls (John Doe) came to pick me up in the booking area both Federal Marshalls informed the booking officers that they are not taking me in the condition that I am in regarding my health. There was a supervisor present assistant Warden (John Doe) who informed the Federal Marshalls that I am leaving the jail one way or another he has his orders to get me out of the jail. The Federal Marshalls refused to take me on March 3, 2014. I was informed to go back upstairs to my block. Then the following morning I was awoke around 6:00 am to be bought back down to the booking area on March 4, 2014. In the booking area the same assistant Warden was making the statement in regard to his orders to remove me out of the jail per Wanda Smithson Deputy Commissioner when I explained to the Federal Marshalls that my health is bad being transfer will only make my situation worst. Both Federal Marshalls stated they have to transfer me.

I left the jail to head to MDC in Brooklyn, NY when we reached the building I was bought inside put in the holding cell where within minutes I begin to lose feeling in my arms, hands and legs my body became numb I did the best I could to get the Federal Marshalls attention. The holding cell was open all I could hear was officers saying get him out of hear he is not staying in our jail I had no strength to get up so they bought a wheelchair to the holding cell. The Federal Marshalls had to lift me into the wheelchair I could not move my arms, my fingers were numb in a bent position and I had no feeling in my legs. The Federal Marshalls pushed me in the wheelchair back to the van lifted me up placed me on the seat I could not sit up the next thing I remember is being rushed to Lutheran Hospital in Brooklyn, NY being pushed inside in a wheelchair still having no feeling in my arms, hands or legs. I was given medical attention by someone in the hospital but could hear someone telling the Federal Marshalls that the hospital do not cover federal inmates I should be transfer to another hospital instead they manage to get a doctor to sign off on some papers to release me. That's when I was just dropped off at MCC in Manhattan barely able to walk and talk in unbearable pain. My intake picture will show the pain I was enduring not able to keep my eyes open nobody took my health serious I was processed then bought upstairs to a cell unable to sleep I sat up the entire night.

TRULINCS 68336054 - CARTER, RONALD - Unit: FAI-D-L

FROM: 68336054

TO:

SUBJECT: Part D. Who did what?

DATE: 05/16/2015 08:15:08 AM

*Correct Care Solution medical staff John Doe's and Jane Doe's all disregarded my health by stating they emailed the Medical Director Raul Ulloa in regard to the condition of my health. I experienced nothing but pain and suffering putting in sick call slips after sick call slips receiving no results.

*Michael Kelly - Director of Nursing avoided seeing me after request were made to speak to him or the Medical Director when I did have the privilege to speak to Michael Kelly he informed me that the referrals would be honor I never went out to be seen by a spine surgeon even after the Orthopedic put the referral in on two different occasions.

*R. Orlando Assistant Warden avoided taking my grievance regarding a complaint I had against medical he stated when he come back to the unit he will take the grievance that never happen.

*Captain Middleton when I was called out to the nurse station to sign the papers to go out on a MRI trip I informed Captain Middleton that he is not suppose to be present when I am speaking to a doctor he refused to leave out of the nurse station informing the Dr. Raul Ulloa how I would be going out on the medical trip. When I explained to Dr. Ulloa not having no medical restrictions with the chain wrapped around my waist and my wrist in handcuffs the pressure constricting my arms to my side create more pain in my neck and back. Captain Middleton continue to violate my "HIPPA RIGHTS" in doing so no restrictions were set that caused my body to shut down preventing me from walking.

*Sgt. Omess lied and did not process my grievances in accordance to the grievance process that delayed me receiving medical attention.

*Sgt. Lopez, Captain Hardy, Sgt. Robertson, Sgt. Bell, Sgt. Azim, Sgt. Hayes, and Captain Hardy are the Westchester County Staff supervisors who violated my rights in processing my medical grievances. None took the time to email medical even after seeing the condition of my health my body in a bent position for months making it difficult for me to walk up the stairs to my cell on 2NW in the New Jail without having a cane.

*Justin D. Pruyne- Deputy Commissioner sanitized my MRI results records. I have documentation to prove the number of pages that were available for copies in his own words were not included in my medical records. By concealing the actual MRI results I have not been able to receive the adequate medical attention needed that would show the damage done in my neck and back needing surgery.

* I never had the opportunity to be given a physical by the Medical Director Raul Ulloa he avoided seeing me after numerous requests were made even mention in my grievances for over a 1 year period.

TRULINCS 68336054 - CARTER, RONALD - Unit: FAI-D-L

FROM: 68336054

TO:

SUBJECT: Who else saw what happen?

DATE: 04/06/2015 01:04:18 PM

*Kevin the Physical Therapist witness the condition of my health diminishing during the physical therapy section where he informed me there is not much he can do that will help me.

*The outside Orthopedic went over my MRI results and put in referrals twice on two different meetings for me to be seen by a spine surgeon none of the referrals were ever acknowledge by Correct Care Solution medical staff.

*Lori Cohen my criminal attorney witness the condition of my health in Court and during our attorney visits.

*Honorable Judge Vincent L. Briccetti acknowledge the condition of my health giving me the privilege to remain seated. Along with in my sentencing minutes made a recommendation to BOP to have me sent to a medical facility as soon as possible.

I made calls that will show the complaints I was making to my family in regard to my health being ignored by medical staff in pain crying over the phone with unbearable pain in my neck and back.

*The Correction Officer's that worked 2NW in the New Jail and throughout the County Jail witness the condition of my health when I would drag my body into the law library, nurse station or going on a visit.

TRULINCS 68336054 - CARTER, RONALD - Unit: FAI-D-L

FROM: 68336054
TO:
SUBJECT: III. Injuries
DATE: 04/06/2015 01:04:07 PM

I can barely mop a floor without needing to sit down from the pain going throughout my neck and back. I have developed more pain then I have in the past where now I have sciatica, spinal stenosis and other health issue's. The most severe is not being able to play sports, shower without having support to keep my body upright, no longer able to walk for long periods, cannot sit in a chair normally without a blanket that still put a lot of pressure on my lower spine. The medication had to be increased in these 24 months from 100mg of nuerontin to now where I take 3200mg of nuerontin 7 days a week, prednisone every other month, Ibuprofen 800mg and a shot in my neck and back to help ease some of the pain. Without the medication and a cane to keep my body upright. I would not be able to walk from the pressure in my neck and back going all the way down into my legs.

In my medical records you will see where the referrals were made. To date I still have not been able to receive the adequate medical treatment that could possibly take away the pain I suffer with daily. Since not having any medical treatment during incarceration as of March 21, 2013. My complaints to Correct Care Solutions medical staff and Westchester County Jail staff in the form of grievances were ignored that has continue to diminish my health.

I do not have the ability to lift heavy objects or have use of a computer to type messages for long periods. The pain in these last two years prevent me from walking normal. My injuries were documented in detail in the MRI results that were sanitized before they were turned over in my medical records.

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

WESTCHESTER COUNTY JAIL, YAHALLA, NY

IMDC METROPOLITAN DETENTION CENTER, BROOKLYN, NY

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☒ No ☐ Do Not Know ☐

If YES, which claim(s)? I FILED NUMEROUS MEDICAL GRIEVANCES, GRIEVANCES AGAINST STAFF.

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

IN THE WESTCHESTER COUNTY JAIL.

1. Which claim(s) in this complaint did you grieve? MEDICAL, MEDICAL STAFF, WESTCHESTER COUNTY JAIL STAFF.

2. What was the result, if any? THE RESULTS WERE THE SAME FOR MOST DENIED, GRIEVANCES ACCEPTED WERE MISINFORMATION IN REGARDS TO PROGRAMS THAT DO NOT EXIST.

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. I APPEALED MY GRIEVANCES TO THE CHIEF ADMINISTRATIVE OFFICER. THE GRIEVANCES WERE NEVER FULLY INVESTIGATED THAT LEAD TO DECISIONS MADE WITHOUT ANYONE CONDUCTING A INVESTIGATION IN REGARDS TO MEDICAL.

SEE ATTACHMENT IV. PART.E # 3

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

TRULINCS 68336054 - CARTER, RONALD - Unit: FAI-D-L

FROM: 68336054

TO:

SUBJECT: IV. Part E. #3

DATE: 04/06/2015 01:03:53 PM

3. The grievance that was signed off in the response was incorrect Westchester County Jail "do not have a pain management team and no NP was ever assigned to me to set up a pain management program. I continued to appeal the decision to the Citizen's Policy and Complaint Review Council receiving no results. All grievances denied where again no one investigated the medical complaints that were made over a period of 1 year in the Westchester County Jail against staff and Correct Care Solutions medical staff.

when and how, and their response, if any: _____

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. EVERY OPPORTUNITY I HAD TO SPEAK WITH SUPERVISORS WHEN THEY WOULD MAKE THEIR TOURS. MY COMPLAINTS WERE MADE IN REGARDS TO MY GRIEVANCES NOT BEING PROCESSED PROPERLY. I MADE COMPLAINTS TO THE SUPERVISORS REGARDING MEDICAL STAFF VIOLATING MY "HIPPA RIGHTS" DISCUSSING MY PERSONAL MEDICAL ISSUES AROUND OTHER INMATES. ALONG WITH IN FRONT OF CORRECTION OFFICERS AND OTHER SUPERVISORS THAT SHOULD NOT HAVE BEEN PRESENT. I REACHED OUT TO THE DEPUTY COMMISSIONER WANDA SMITHSON WHO NEVER TOOK THE TIME TO INVESTIGATE
SEE ATTACHMENT-PART-E

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I AM SEEKING \$5,000,000.00 MONETARY

COMPENSATION AGAINST THE WESTCHESTER COUNTY JAIL STAFF, CORRECT CARE SOLUTION'S MEDICAL STAFF INCURRED IN MY COMPLAINT IN REGARDS TO DELIBERATE INDIFFERENCE AND NEGLIGENCE IN VIOLATION OF MY EIGHTH AMENDMENT. ON MARCH 21, 2013 IN MY COMMITMENT PAPERS TO THE WESTCHESTER COUNTY JAIL. HON. USA MARGARET SMITH UNITED STATES MAGISTRATE JUDGE SOUTHERN DISTRICT OF NEW YORK (EXHIBIT E) DOCUMENTED TO HAVE HAD ME EVALUATED IMMEDIATELY AND MEDICATED AS NEEDED. I WENT THROUGH SO MUCH PAIN FROM MARCH 21, 2013-MARCH 4, 2013 NOT RECEIVING ADEQUATE MEDICAL CARE. WHEN I FILED A GRIEVANCE AGAINST MEDICAL IN REGARDS TO THE PAIN IN MY NECK AND BACK. A INVESTIGATION WAS CONDUCTED IN REGARDS TO MY GRIEVANCE AGAINST MEDICAL STAFF. THE DIRECTOR OF NURSING MICHAEL KAWY DOCUMENTED THE NURSE PRACTITIONER DID NOT DOCUMENT A INTERVENTION FOR THE PAIN I REPORTED (EXHIBIT F) AND NONE OF MY CONCERNS WAS BOUGHT TO THE MEDICAL DIRECTOR ATTENTION. WHEN I ENTERED THE WESTCHESTER COUNTY JAIL MY BODY WAS IN A UPRIGHT POSITION. SEE ATTACHMENT PART V. RELIEF.

VI. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes _____ No ☒

On
these
claims

TRULINCS 68336054 - CARTER, RONALD - Unit: FAI-D-L

FROM: 68336054

TO:

SUBJECT: Part IV "Part G"

DATE: 04/06/2015 01:03:18 PM

my medical grievances.

*On one occasion Wanda Smithson had a Captain John Doe and Sgt. Jane Doe call me off of the cell block to try to convince me to resubmit a grievance. I explained to both supervisors that I want the grievance that was submitted processed that came up missing. I would not submit another grievance changing the time and date the incident occurred because then my rights would be violated for the grievance procedure process being changed.

TRULINCS 68336054 - CARTER, RONALD - Unit: FAI-D-L

FROM: 68336054
 TO:
 SUBJECT: V. Relief
 DATE: 04/06/2015 01:03:43 PM

I have a son Denali Carter who life I was active in daily in society before my situation. I was able to take him to school even after the numerous car accidents. Spend quality time with him in parks, at the Kiley Youth Center, take him and his friends out to the movies and capable of walking my Rockweiller with him as well. During my stay in the Westchester County Jail through the many sick call slips, grievances regarding my health and numerous complaints in person to the medical staff and Westchester County Jail staff. No took my concerns serious as the months continue to pass without adequate medical treatment my body went from a upright position to a bent position where I could no longer stand straight up without the support of a chair. I remained in constant pain daily from the top of my neck, in my back and legs no longer having the ability to stand without leaning on something for support. I requested for a back brace to hopefully help keep my body in a upright position instead of being given a back brace. I was given a belly stabilizer that did not help with the pain in my back nor support to help raise my body back up. I requested for a cane where its documented in my medical records but was never given a cane until July 2014 in MDC in Brooklyn NY close to 16 months later that helped to give me support instead of walking in a bent position. The pain and suffering I endure now come from the neglect inadequate medical treatment during my stay in the Westchester County Jail. None of the referrals made by the Orthopedic on two different occasions were ever taking into consideration by the Medical Director "Dr. Raul Ulloa" even after the MRI results showed. I have damage in my neck and back. Instead transferring me out of the jail became the solution to alleviating me continuing to file grievances against medical and supervisors for the mistreatment. Finally when the order came down from Deputy Commissioner Wanda Smithson to kick me out of her jail. I was in constant pain arguing with medical and staff asking them how can they ignore the condition of my body seeing me walk around like this in a bent position not capable to keep my body upright. I learned from the MRI results through speaking with John Doe's and Jane Doe's in the nurse station how bad the condition of my neck and back is the camera's will show how the staff would demonstrate standing up touching the top of my neck moving their hand down to my lower back. Nobody took my health into consideration by informing the Medical Director Raul Ulloa that something should be done so all parties are responsible for the condition of my health. To date diminishing over the last two years. I will not be able to return back to society to live a healthy normal life raising my 10 year old son and being active in my daughter life who is 18 years old. I am limited now to what I can do no longer able to walk for long periods, exercise and many other things that I actively did before my situation. Taking my son to school every day. Then to the Youth Center, parks, movies and other places with his friends. I will not be able to drive for long periods it takes 5 hours to go visit my daughter in Salisbury, MD I cannot sit for that long from the condition of my health that has got worst from the lack of medical treatment.

Prayer for Relief

WHEREFORE, PLAINTIFF request that this Court:

- A. Award compensatory damages to Plaintiff against Defendants;
- B. Award costs of this action to Plaintiff;
- C. Award costs for mental and physical anguish
- D. Award costs of pain and suffering
- E. Award punitive damages to Plaintiff;
- F. Award such other and further relief as this Court may deem appropriate.

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?
Yes ____ No ☒

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

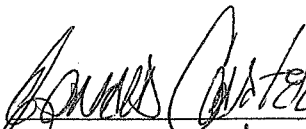
I declare under penalty of perjury that the foregoing is true and correct.

Signed this 05 day of MAY, 2015.

Signature of Plaintiff

Inmate Number

Institution Address



68336-054

FCI FAIBTON

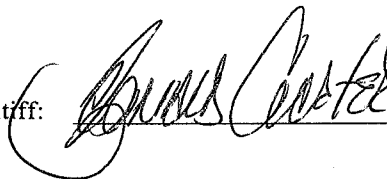
PO BOX 420

FAIBTON, NEW JERSEY 08320

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 05 day of MAY, 2015, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:



Westchester County
Westchester DOC
10 Woods Road
Valhalla, NY 10595
914-231-1368

Progress Note



Patient Name CARTER, RONALD	Inmate Number 12245	Booking Number 2013001683	Date of Birth 5/12/1965	Today's Date 6/25/2013
---------------------------------------	-------------------------------	-------------------------------------	-----------------------------------	----------------------------------

ALLERGIES

Time	Comments:
6/25/13	48 yo ♂
	L/O Neck & Low Back Pain.
	Since 3-car Accidents dating back to 2011.
	Had seen outside ortho. sent to chiropractor. Pt had relief & continue for back.
	Pt Now in PAN.
	Bowel & Bladder N's
	Pt Denies Numbness Paresthesias.
	Pain Radiates From
	Back To Both Lower Extremities
	on exam. no/na? AKA, cooperative
	skin intact @ LE & Low Back. @ mid Line & Para Spinal Tenderness
	Sens Intact sp/DP/TN. EHL/PAL/TA/P7/Achilles Intact
	(4/5). (+) P. kas. (-) SLR (B)
	DTR Intact (B).
	Alp: 48 yo ♂ is Change low Back Symptoms
	is ? Radiculopathy
	Suspect LUMBAR MRI
	& PLAN RADIOGRAPHS. of L5 SPINE.
	Ref. to Neurosurgeon or Ortho Spine Specialist.
	Relaxing
	Raul Ulloa, MD CCS Medical Director



Westchester County
Westchester DOC
10 Woods Road
Valhalla, NY 10595
914-231-1368

Progress Note



Patient Name CARTER, RONALD	Inmate Number 12245	Booking Number 2013001683	Date of Birth 5/12/1965	Today's Date 2/25/2014
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ALLERGIES

Time	Comments:
2/25/14	48 yo ♂ LAD ♂ Ho Neck Pain. For over 1 year. P. Recalls MVC 2011 & subsequent Tx By Chiropractor & No Relief P. is Numbers BUS worse on (2) (2) Bowel / Bowel A's. P. Has been Tx w/ Muscle Relaxants & Gabapentin.
	P. Exam: AxAx3 No Moos + Affect BUE SWAN INACT (P) C-SPINE TENDERNESSES (+) Pain in Motion & (+) SPURLING'S TEST SETS INACT m/r/u. Nn. EPL, FPL, EO, PD, TENSIONLESS Grossly Intact t/s (+) Pulses DTR's INACT Shoulder ROM Limited Due To Neck Pain. MRI 12/16/13 (As per P.)
*	Reprints Notes "MULTIPLE HERNIATED DISKS"
*	Sig. IMPINGEMENT UPON NERVAL FORAMINA
*	A/R: 48 yo ♂ = MULT. HNP C-SPINE (1) SUGGEST SPINE EMULATION EITHER NEUROSURGEON OR ORTHO SPINE (2) PAIN MODIFICATION - NARCOTIC ? Percocet for Pain. Zelaya MD.



New York State Commission of Correction



Grievance Form - Part I

Facility:

Westchester County Jail

Housing Location: 2 NW 41

Name of Inmate:

RONALD CARTER

Grievance #:

J-66-13

Brief Description of the Grievance (Completed by the grievant):

Number of Additional Sheets Attached ()

I HAVE FILLED OUT SEVERAL SICK CALL REQUEST SLIPS IN REGARD TO MY FOOT AND ~~3 CAR~~ BACK INJURIES EXTENDING FROM 3 CAR ACCIDENTS BACK TO BACK IN SOCIETY. I WAS CALLED ON DIFFERENT OCCASIONS ONLY TO BE GIVEN PAIN MEDICATION ONE DAY ON THE DAY OF SICK CALL. THEN THE FOLLOWING DAY NOTHING IS GIVEN TO ME EXCEPT MOTIN. I AM IN SEVERE PAIN DAILY AND WAS GOING TO THERAPY BEFORE MY ARREST 3-TIMES A WEEK MON, WED, FRIDAYS FOR MY FOOT WHERE THE BONE WAS CRUSHED FROM THE ACCIDENT AND MY NECK AND BACK BOTH TRAUMAS FROM THE ACCIDENTS. I HAVE PAIN ALL DAY AND NIGHT.

Action requested by the grievant (Completed by the grievant):

Number of Additional Sheets Attached ()

I WOULD APPRECIATE IT IF SOMEONE CAN CALL MY ATTORNEY OR OBTAIN MY MEDICAL RECORDS TO SEE THE SERIOUSNESS OF MY ACCIDENTS TO GIVE ME THE PROPER TREATMENT OF PAIN MEDICATION TO HELP ME THROUGHOUT THE DAY AND NIGHT. ALONG WITH BE SEEN BY A DOCTOR TO DETERMINE THE PAIN AND SUFFERING I AM GOING THROUGH DAILY. I HAVE BEEN PATIENT THEY GIVE ME PAIN MEDICINE ONE DAY THEN STOP BY JUST GIVING ME MOTIN WHICH DOESN'T HELP.

Grievant Signature:

Date/Time Submitted: 3-29-13 - 9:32 A.M.

Receiving Staff Signature:

Date/Time Received: 3-29-13 0932 hrs.

Summary of facility staff attempts to resolve (Completed by Grievance Coordinator):
(Attach relevant documentation)

Number of Additional Sheets Attached ()

GIVEN TO MEDICAL TO INVESTIGATE.

New York State Commission of Correction

Grievance Form - Part IIFacility: Westchester Cty. JailGrievance #: J-66-13Name of Inmate: Ronald CarterDate Part 1 was received: 3/29/13Decision of the Grievance Coordinator:
(Including specific facts and reasons underlying the decision)Number of Additional Sheets Attached 1

Based on a review of the medical records the patient's allegation of being in pain and inconsistent pain medication has merit. There is no documentation to support that the NP ordered treatment for acute pain on a stat basis. Note see attached report from medical.

Signature of the Grievance Coordinator: [Signature]Date: 4/5/13

- ☐ I have read the above decision of the Grievance Coordinator
☐ I agree to accept the decision
☐ I wish to appeal to the Chief Administrative Officer

Grievant Signature: _____

Date: _____

Decision of the Chief Administrative Officer:
(Including specific facts and reasons underlying the decision)

Number of Additional Sheets Attached _____

Signature of the Chief Administrative Officer: _____

Date: _____

PURSUANT TO SECTION 7032.5(A), ANY GRIEVANT MAY APPEAL ANY GRIEVANCE DENIED BY THE FACILITY ADMINISTRATOR, IN WHOLE OR IN PART, TO THE STATE COMMISSION OF CORRECTION.

- ☐ I have read the above decision of the Chief Administrative Officer
☐ I agree to accept the decision
☐ I wish to appeal to the Citizen's Policy and Complaint Review Council

Grievant Signature: _____

Date: _____

Submission to the Citizen's Policy and Complaint Review Council

I HAVE ISSUED THE GRIEVANT A RECEIPT INDICATING THE DATE THE APPEAL HAS BEEN SUBMITTED TO THE CITIZEN'S POLICY AND COMPLAINT REVIEW COUNCIL. I HAVE ENCLOSED WITH THIS GRIEVANCE, THE INVESTIGATION REPORT AND ALL OTHER PERTINENT DOCUMENTS.

Signature of the Grievance Coordinator: _____

Date: _____



To: Wanda Smithson
Deputy Commissioner
From: Michael Kelly MS, R.N., NP
Director of Nursing
Date: April 01, 2013
Re: Grievance J-66-13

Complaint:

Mr. Ronald Carter JID#12245 submitted a grievance on 03/29/13 in which he states that he is in continuous pain secondary to sustaining a back and foot injury in motor vehicle accidents in the community. The patient also reports not receiving pain management on a consistent basis.

Investigation:

Mr. Carter was booked on 03/21/13 and housed in NJ-2-NW-041. At intake the patient reported having been involved in several motor vehicle accidents while in the community. The patient reported experiencing chronic back pain and was prescribed Percocet 5/325 mg while in the community. The patient received his last dose of Percocet on 03/20/13 (self reported).

At intake the nurse practitioner noted on the patient's history and physical examination that the patient reported experiencing pain, rated 8 out of 10. The physical examination was unremarkable. The NP did not document any intervention for the patient's self report of pain rated 8 out of 10.

The intake NP wrote the following order "naproxen 500 mg tablet: take 2 tablet BID 8AM and 5PM PRN for 7 days. Back pain" As a PRN medication the patient has to request the medication during medication pass; based on a review of the eMAR the patient did not receive any doses of naproxen from the above referenced order.

On 03/24/13 the patient was seen by an NP during sick call for evaluation of back pain, the NP prescribed ibuprofen 400 mg twice daily on an as needed basis. The NP's note indicates that the patient rated his pain 9 out of 10. There is no documentation to support that the patient was ordered stat medication for self reported pain. The patient received his first dose of ibuprofen on 03/25/13 at 10:35 a.m. The patient received ibuprofen on the following dates, 03/25/13, 03/26/13, 03/27/13 and 03/28/13.

On 03/26/13 the patient was seen by an NP for sick call secondary to a complaint of back pain, the NP ordered naproxen 1000 mg BID/PRN for 7 days for back pain; the patient received a dose of the medication at 17:25 hrs. The naproxen order was subsequently discontinued on 03/26/13 at by the NP and a new order was generated; naproxen 500 mgs BID for back pain to start 03/29/13. The patient received naproxen 500 mgs on the following dates, 3/29/13 x 1 dose, 3/30/13, and 03/31/13 x 2 doses.

On 03/26/13 the patient was referred to the onsite Physical Therapist, his first session is pending.

EXHIBIT

Date: 29 August 2013

To: Wanda Smithson

From: Ronald Carter #12245

Re: Grievance Concern

Deputy Commissioner Smithson,

My name is Ronald Carter unfortunately I realize that through numerous grievances. I have tried to resolve the issue's that arise conversing with Supervisors, Medical Staff, and The Block Officers to alleviate the concerns for my health. The issue I am addressing now concerning a matter that through two grievances. I made an attempt to resolve following the proper procedures of the grievance process. Briefly, I would like to just touch on the subject.

Enclosed you will find the grievances I submitted to no avail denied by a Supervisor along with not acknowledge by a Supervisors. The first grievance was given to Sgt. Bell in his opinion he felt my facts were not stated regarding the grievance that was submitted. The Sgt. explained procedure he will give me two more days to write another grievance regarding the matter. The grievance was written given to a Sgt. with a Capt. present as well witness. The Sgt. that took my grievance last Friday August 23rd 2013. The grievance was taken by the Sgt. never signed passed on to another Sgt. I cannot say Sgt. Bell for sure not knowing. All I know is that Sgt. Bell returned the grievance back to me without anyone signature or the grievance number documented. Clearly in the rule book page (16) it state [All Supervisors will function as grievance coordinators and must accept any grievance(s) handed to them by the grievant. Each grievance is to be investigated to the fullest extent necessary by an impartial Supervisor who is not personally involved in the circumstances giving rise to the grievance] Please note: No one signed my grievance not even the Sgt. who on August 23rd 2013 accepted my grievance.

The facts will show in the first grievance submitted I clearly stated the facts in regard to Medical Director Micheal Kelly NP actions. I clearly stated the correction made later that evening in the grievance by another NP who showed me and conveyed nothing was never changed in my chart during the first call at sick where NP Micheal Kelly lied about changing my

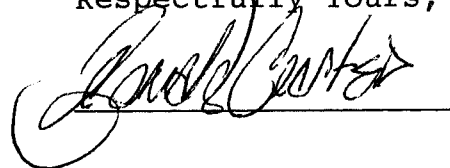
medication and the information in my chart. These facts were clearly mention. To attempt or have to fill out another grievance was not properly handle. Again denied by the Sgt. Bell who was not the grievance recipient of the second grievance.

In conclusion I followed the rules of the grievance to learn that grievances are not being properly acknowledge is my reason for addressing you at this time. I sincerely hope we can retify this situation by my first grievance being re-submitted for a full investigation to be conducted.

Thank you in advance concerning this matter in hopes that the grievance procedure can be followed.

Enclose are the facts and complaint that was filed to show I have taken the time to write the grievance right the first time. Where to make up a story would not be in my best interest to accomplish anything.

Thank You,
Respectfully Yours,

A handwritten signature in cursive script, appearing to read "Donald Carter", written over a horizontal line.

Please note: The second grievance is just to show that the grievance was never signed by anyone accepting the grievance from me on 2 North West. To follow the proper grievance procedure.

cc: file

Jeffery S. Antin, Esq.
Antin Erlich & Epstein
49 West 37th Street 7 Floor
New York, New York 10018

6. Grievances must be filed within five (5) calendar days of the incident which gave rise to the grievance. Almost anything can be the subject of a Grievance; however, grievances regarding the following are considered non-grievable issues and will be returned to you:
 - a. Dispositions or sanctions from Disciplinary Hearings;
 - b. Administrative Segregation housing decisions;
 - c. Issues outside the control of the Chief Administrative Officer;
 - d. Complaints pertaining to an inmate other than the inmate filing the grievance; or
 - e. A grievance that is too vague to understand or fails to set forth supporting evidence. Failure to supply sufficient evidence within Two (2) days shall be cause to deny the grievance.
7. All Supervisors will function as grievance coordinators and must accept any grievance(s) handed to them by the grievant. Each grievance is to be investigated to the fullest extent necessary by an impartial Supervisor who is not personally involved in the circumstances giving rise to the grievance.
8. Within five (5) business days after receipt of the grievance, the Grievance Coordinator shall issue a written determination specifying the facts and reason for his/her decision. A copy shall be provided to the grievant and the D/C of Operations. The original shall be maintained on file.
9. After receiving the Grievance Coordinator's decision, you have two (2) business days to file an appeal to the Chief Administrative Officer or designee. You cannot appeal a grievance that was found in your favor.
10. Within five (5) business days after receipt of the appeal, the Chief Administrative Officer (from here on known as CAO) shall issue a determination on the appeal and provide a copy to the grievant.
11. If the CAO finds merit, he/she shall direct in writing that appropriate remedies or meaningful relief be provided to the grievant and all others similarly affected.
12. Within three (3) business days of receipt of the CAO's determination, the grievant may appeal to the NYS Commission of Correction through a Sergeant by indicating his/her desire to appeal on the inmate grievance form in the space provided.
13. Within three (3) business days after receipt of the grievant's notice of appeal, the CAO shall mail it to the NYS Commission of Correction's Citizen's Policy and Complaint Review Council (NYSCCCPCRC).
14. The grievant will be provided with a receipt indicating the date the appeal was submitted to the NYSCCCPCRC.

MEDICAL SUMMARY OF FEDERAL PRISONER/ ALIEN IN TRANSIT U.S. Department of Justice

TB Clearance ☒ Yes ☐ No

1) PPD Completed: 3/23/13
Results: Oxomm negative
Date

2) CXR Completed: _____
Results: _____ Date

3) Health Authority Clearance: _____

Sign _____

Date _____

Note: Dates listed above must be within one year of this transfer.

I. PRISONER/ALIEN

Name: Carter, Ronald Prisoner/Alien Reg. # 12245 D.O.B. 5/12/65

Departed From: _____ Date Departed: _____

Destination: _____ Reason for Transfer: _____

District Name: _____ District # _____ Date In Custody: _____

II. CURRENT MEDICAL PROBLEMS

- Cardiac.
- Seizure
- Exostosis of jaw
- Disc degeneration / protrusion / hernial
- hematemesis, dyspepsia, hiccups.
-

Medication	Dose	Route	Medication Required For Care En Route Instructions For Use (include proper time for Administering)	Stop
1/3 Perotomix 40mg DR		daily x 30 days		
1/1 Baclofen 10mg PO		BID x 10 days		
1/1 gabapentin 600mg PO		BID x PRN x 30 days		
1/1 Ensure x 1 bottle		TID x 7 days		
1/1 Reguloid oral powder		x 30g x daily x 30 days		
1/2 Gerilanta 30ml PO		x BID x PRN x 30 days		
1/3 Dialantin extended 100mg cap		x 3 cap x daily x 90 days		
1/10 Cyllo benzgabrine		- on Hold		
Additional Comments: <u>No soy diet,</u>				

III. SPECIAL NEEDS AFFECTING TRANSPORTATION

Is prisoner medically able to travel by BUS, VAN or CAR? ☒ Yes ☐ No If no, Why not? _____

Is prisoner medically able to travel by airplane? ☒ Yes ☐ No If no, Why not? _____

Is prisoner medically able to stay overnight at another facility en route to destination? ☒ Yes ☐ No If no, Why not? _____

Is there any medical reason for restricting the length of time prisoner can be in travel status? ☐ Yes ☒ No If yes, state reason: _____

Does prisoner require any medical equipment while in transport status? ☐ Yes ☒ No If yes, What equipment? _____

Sign & Print Name- Certifying Health Authority: J. Jay RW

WCDoc

Phone Number: 914 231 1136

Date Signed: 8/3/14

MEDICAL SUMMARY OF FEDERAL PRISONER/ ALIEN IN TRANSIT U.S. Department of Justice

TB Clearance ☒ Yes ☐ No

1) PPD Completed: 3/23/13
Results: neg & mm
Date

2) CXR Completed
Results: /
Date

3) Health Authority Clearance:
3/21/13
Sign C. Walters 2/26/14
Date

Note: Dates listed above must be within one year of this transfer.

I. PRISONER/ALIEN

Name: R. Carter, Ronald Prisoner/Alien Reg. # 12245 DOB 5/12/1965

Departed From: _____ Date Departed: _____

Destination: _____ Reason for Transfer: _____

District Name: _____ District # _____ Date in Custody: _____

II. CURRENT MEDICAL PROBLEMS

1. Stomach pain 4. _____

2. Headache 5. _____

3. _____ 6. _____

Medication	Dose	Route	Medication Required For Care En Route Instructions For Use (Include proper time for Administering)	Stop
			<u>CC</u>	
			<u>As needed</u>	
Additional Comments: <u>NICOT</u> <u>NO mH/psych services</u> <u>No soy diet</u>				

III. SPECIAL NEEDS AFFECTING TRANSPORTATION

Is prisoner medically able to travel by BUS, VAN or CAR? ☒ Yes ☐ No If no, Why not? _____

Is prisoner medically able to travel by airplane? ☒ Yes ☐ No If no, Why not? _____

Is prisoner medically able to stay overnight at another facility en route to destination? ☒ Yes ☐ No If no, Why not? _____

Is there any medical reason for restricting the length of time prisoner can be in travel status? ☐ Yes ☒ No If yes, state reason: _____

Does prisoner require any medical equipment while in transport status? ☐ Yes ☒ No If yes, What equipment? _____

Sign & Print Name- Certifying Health Authority:

C. Walters R. W. DOC

Phone Number:

914-231-1136

Date Signed:

2/26/14 C.W.

New York State Commission of Correction

**Grievance Form - Part I**Facility: Westchester County JailHousing Location: 2 North WestName of Inmate: Ronald CarterGrievance #: J-232-13**Brief Description of the Grievance (Completed by the grievant):**

Number of Additional Sheets Attached ()

On August 20, 2013 the 2 North West block relief officer informed me that I was called for sick call. I entered the Medical Office 2nd floor New Jail. The gentleman inside stated "Hi I'm Mike NP" you put in for sick call. I stated yes the NP Mike asked what is the problem. I stated first the back brace is a large I have always been given a med. The NP Mike asked me to stand showing courtesy to help me. The brace was checked. Then I explained to him NP Mike what was on my request sick call slip.

Action requested by the grievant (Completed by the grievant):

Number of Additional Sheets Attached ()

I would like to know why did NP Mike call me for sick call without having my request in his possession to see my request. Then why was I called back out at 9:30pm a second time for sick call learning NP Mike never changed my order, never updated my pain medication. The broad questions that were asked that in 5-months no Doctor or Medical Director has given me a physical examine. My chart was in front of him to go over everything. So what was the purpose of the NP Mike sick call visit?

Grievant Signature: Ronald CarterDate/Time Submitted: 8/21/13 5:45 PMReceiving Staff Signature: Sgt. Bull 21Date/Time Received: 21 AUG 13**Summary of facility staff attempts to resolve (Completed by Grievance Coordinator):**
(Attach relevant documentation)

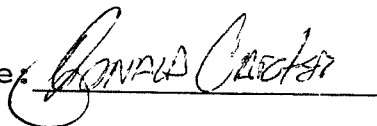
Number of Additional Sheets Attached ()

Further it was explained the reason why I requested to have my pain medicine increased. The NP Mike stated let me look at your chart. The NP Mike said he would change the morning medication to 400mg and place a order for the brace. Next the NP Mike inquire about what Doctor have I been seeing. A Doctor name was mention but I cannot remember at this time. "I explained to NP Mike since my incarceration I have not been seen by no Medical Doctor"except to complete the security forms for the medical trip. Then I explained to the NP Mike the trip was not made through a Grievance being disregarded since June 24, 2013 where it was stated by the Medical Director a pain management program would be set up and a assigned NP would be handling the matter. I demonstrated the pain that the cuffs and chain caused on my neck and spine. Explaining being seen by someone from pain managerment would have helped my situation. No response was given. The NP Mike said ok he would make the changes then I left.

Later that same evening I was called for sick call again this time by the block officer around 9:30 pm August 20, 2013. Why, I have no ideal the purpose of this Grievance being file to find out the reason. The NP who conducted sick call the right way had my request slip. Changed my medication to the 400mg and placed a order for the back brace. Learning nothing was ever changed by NP Mike my order had actually expired I was never informed until later by the other NP the grounds for my grievance.

Date of incarceration without being seen by a doctor 3/21/13.

Grievant Signature:



Date/Time 8/21/15 5:45pm

Westchester
gov.com

Department of Correction Valhalla, New York
Memorandum

Date: 24 August 2013

To: Detainee Ronald Carter

From: Sgt. Bell #21

Re: Grievance # J-232-13

Be advised that I am returning your grievance because they lack supportive evidence and are vague. You are advised to resubmit with the appropriate information / evidence / proof to substantiate your claim. You are notified that you have 2 days to resubmit and failure to do so will result in your grievance being denied per N.Y.S. MINIMUM STANDARDS 7032.4 (F). The following discrepancies need to be addressed.

- 1. Specific incident. It is unclear what or who you are actually grieving. You must be clear and brief about your grievance.**



Department of Correction Valhalla, New York
M e m o r a n d u m

Date: 29 August 2013
To: Inmate Ronald Carter
From: Sgt. Bell #21
Re: Grievance #J-232-13

Please be advised that your grievance is being returned to you unanswered because you failed to provide the necessary information to conduct a proper investigation. Your grievance is vague and I am unsure of who or what you are grieving. Your grievance is denied per NYS minimum standards 7032.4(F).

New York State Commission of Correction



Grievance Form - Part I

Facility:

Westchester County Jail

Housing Location:

210011

Name of Inmate:

RUBEN GARCIA

Grievance #:

J-163-13

Brief Description of the Grievance (Completed by the grievant):

Number of Additional Sheets Attached ()

I WENT TO SHELLOW THIS EVENING JUNE 23, 2013, TO EXPLAIN TO THE PH THAT THE MEDICATION I WAS SUPPLIED TO DO NOT HAVE THE PHARM IN MY BACK NOSE OR LENS. THE PH INFERRED BY THE DAI ASKED. THE PH STATED THAT HE DO NOT HAVE MY CHART TO SEE WHAT MEDICATIONS I AM TAKING. HE DID LOOK ANYTHING UP ON THE COMPUTER. WHILE I WAS SITTING IN FRONT OF HIM AND HAD NO KNOWLEDGE OF ANYTHING. AFTER MY CHART, THE PH STATED HE WOULD CALL ME OUT LATER. WHEN HE GET MY CHART, DURING CONSULTATION CALL THE PH SPoke TO ME THROUGH THE GLASS DOORS.

Action requested by the grievant (Completed by the grievant):

Number of Additional Sheets Attached ()

TO INVESTIGATE WHAT WOULD BE THE RIGHT MEDICATION TO SUPPLY TO HELP ME. THE PH I CONTINUE TO SUPPLY WITH NUMEROUS SUPPLIES BEING EXCEPTED IN THE SHALLOW OF MY BACK. THE DAI CONTINUED TO BE UNBEARABLE. EVEN IF THE ONLY MEDICATION AVAILABLE IS THE ONE I WAS TAKE OFF TO TEN SOMETHING NEW. I WOULD PREFER THAT THIS MEDICATION IS SOMETHING THE DAI HAS (HARD BACK WORK). THE PHARMIC IS WHAT HELD DAI EVEN LEAVING THE BRACE STRONG. THE STRONG FOR LONG PERIODS BECOME UNBEARABLE.

Grievant Signature:

Date/Time Submitted:

6/24/13 11:41 AM

Receiving Staff Signature:

Date/Time Received:

6/24/13 11:41 AM

Summary of facility staff attempts to resolve (Completed by Grievance Coordinator):
(Attach relevant documentation)

Number of Additional Sheets Attached ()

Grievance was forwarded to CCS

RN Michael Kelly and Dr. Gendell.

RECEIVED

DURING SICK CALL THE PA NEVER HAD MY MEDICAL CHART OR
 CHECK THE COMPUTER TO SEE WHAT MEDICATION I WAS
 PRESCRIBED TO TAKE. I WAS ADVISED I HAD TO WAIT UNTIL
 AFTER MY CHART, WHY WOULD SICK CALL BE CONDUCTED IF THE
 PA COULD NOT GIVE ME ANY INFORMATION DURING SICK CALL IN
 REGARD TO MY HEALTH HISTORY WITH HAVING NO KNOWLEDGE OF
 THE MEDICATION I AM TAKING NOW. HE THE PA INFORMED ME I
 HAVE TO WRITE TO HIM TO HAVE MY MEDICATION CHANGED. A
 INMATE HAS MEDICAL RIGHTS BY LAW. WHERE OTHER INMATES
 SHOULD NOT BE ABLE TO HEAR A PA TALKING DOWN THROUGH
 GLASS DOORS ABOUT THE MEDICATION A INMATE IS TAKING
 AS A INMATE WE HAVE PRIMARY RIGHTS. DURING SICK CALL A
 PA SHOULD KNOW THE MEDICATION AND HEALTH OF A INMATE
 TO MAKE A DETERMINATION IN PRIMARY. WHAT WOULD BE THE
 ADVISE OR BEST DECISION FOR THE INMATE NOT TELL INMATE
 HE WILL INFORM HIM LATER WHICH WAS AROUND OTHER INMATES
 FIGHTING IN MEDICAL PRIMARY. BY THE PA NOT HANDLING MY
 SICK CALL REQUEST PROPERLY HIS ADVISE TO WRITE HIM
 INSTEAD OF HANDLING MY MEDICATION WAS JUST HIM
 HAD NOTHING TO DO WITH MY SICK CALL. I HAVE ALL MY
 FOR 3-MONTHS PUT IN A SICK AND SICK WHERE THE PREVIOUS
 TREATMENT HAS BEEN DECREASED THROUGH THE PREVIOUS
 SICK CALLS. HE MY FIRST HISTORY HE AT SICK CALL
 WITH NO OTHER INFORMATION TO HAND.

New York State Commission of Correction



Grievance Form - Part II

Facility: Westchester County JailGrievance #: J-163-13Name of Inmate: Ronald CarterDate Part 1 was received: 24 June 2013

Decision of the Grievance Coordinator:

Number of Additional Sheets Attached

(Including specific facts and reasons underlying the decision)

The Medical Director will meet with the NP to discuss this grievance and its findings. The Medical Director will reinforce with all the NP's the need to maintain privacy when following up with detainee. The Medical Director will also review the medical record and assign an NP to meet with the detainee to develop a pain management program. Decision agrees with the grievant.

Signature of the Grievance Coordinator: [Signature]Date: 3 July 2013

- ☒ I have read the above decision of the Grievance Coordinator
☐ I agree to accept the decision
☒ I wish to appeal to the Chief Administrative Officer

Grievant Signature: [Signature]Date: 3 July 2013

Decision of the Chief Administrative Officer:

Number of Additional Sheets Attached

(Including specific facts and reasons underlying the decision)

See attached memo.

Signature of the Chief Administrative Officer: [Signature]Date: 7/2/13

PURSUANT TO SECTION 7032.5(A), ANY GRIEVANT MAY APPEAL ANY GRIEVANCE DENIED BY THE FACILITY ADMINISTRATOR, IN WHOLE OR IN PART, TO THE STATE COMMISSION OF CORRECTION.

- ☐ I have read the above decision of the Chief Administrative Officer
☐ I agree to accept the decision
☒ I wish to appeal to the Citizen's Policy and Complaint Review Council

Grievant Signature: [Signature]Date: 7/9/13Submission to the Citizen's Policy and Complaint Review Council

I HAVE ISSUED THE GRIEVANT A RECEIPT INDICATING THE DATE THE APPEAL HAS BEEN SUBMITTED TO THE CITIZEN'S POLICY AND COMPLAINT REVIEW COUNCIL. I HAVE ENCLOSED WITH THIS GRIEVANCE, THE INVESTIGATION REPORT AND ALL OTHER PERTINENT DOCUMENTS.

Signature of the Grievance Coordinator: [Signature]Date: 7/9/13

Westchester
[illegible]

Department of Correction Valhalla, New York

MEMORANDUM

Date: July 8, 2013

To: Ronald Carter
Detainee (JID#12245)

From: Wanda Smithson *Wanda Smithson*
Deputy Commissioner

Re: Grievance J-163-13

I have read the above grievance and sustain the decision of the grievance coordinator. Medical staff has addressed your medical needs and has assigned an NP to oversee your pain management. Privacy concerns are being reinforced with medical staff.



Grievance Form - Part I

Facility: WESTCHESTER COUNTY JAIL

Housing Location: 2 NORTH WEST

Name of Inmate: RONALD CARTER

Grievance #: _____

Brief Description of the Grievance (Completed by the grievant):

Number of Additional Sheets Attached (1) 2

In (11) months since March 21, 2013 I have made medical complaint (s), filled out grievance forms and spoken vaguely to different Nurse Practitioners. During my sick call requests concerning the pain in my neck and back, the results of the MRI showing my complaints previous were not false. Which again now result in this medical grievance against CCS Correct Care Solutions in its entirety. (with the exception of two NP's showing concern) On December 16, 2013 I was taken out for a MRI trip concerning my

Action requested by the grievant (Completed by the grievant):

Number of Additional Sheets Attached (2) OVER

Without further delay my health should be a priority by my Eighth Amendment to receive adequate medical treatment. Being afforded the right to be seen by a Orthopedic. To begin the assessment of my neck and back injuries. To help relieve some of the mental/physical pain watching my health diminish more without the correct medical care being provided. The MRI results support my action requested.

Grievant Signature: *Ronald Carter*

Date/Time Submitted: February 15, 2014 6:00 PM

Receiving Staff Signature: _____

Date/Time Received: _____

Summary of facility staff attempts to resolve (Completed by Grievance Coordinator):
(Attach relevant documentation)

Number of Additional Sheets Attached ()

The Grievance Coordinator's do not like following the ^{rule} returning a copy to me.

*Copy Only
Submitted To Sgt. Brown*

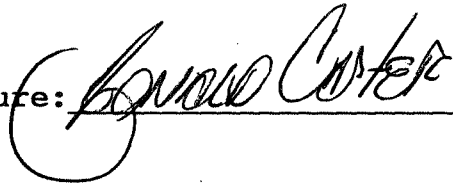
Number of Additional Sheet Attached (1)

continuation: neck and back a very serious health concern. Since then the results from that date have returned showing that my complaints from March 21, 2013 to date require adequate medical treatment. Where I definitely need surgery as I walk around in pain from the top of my neck down to my lower back. Having the **MRI results to substantiate my grievance (s)**. I have continue to bring this to the medical department attention experiencing more pain and my right shoulder⁶² mass decreasing. I filed a grievance on December 28, 2013 after briefly learning about the MRI results being given different opinions by nurse practitioner's in hopes of speaking with the **Medical Director "Dr.U"** in person concerning my health that continue to diminish. The response to my grievance from December 28, 2013 was unsubstantiated by the investigating Supervisor where I will present my argument at a later date. It was mention **"Additionally, MRI results were reviewed by Medical Director who also met with inmate Carter to discuss the results"** Having that be stated will be presented as evidence to show that a statement not investigated and never occurred will support the **"deliberate indifferences"** that continue. By the ~~the~~ CCS Correct Care Solutions staff. [To date I have not met with the **Medical Director to discuss anything in regard to the seriousness of my health or the MRI results**] I have put in more sick call request slips since December 28, 2013 to inquire about how long or how much more pain/suffering must I endure since March 21, 2013 to be seen by a orthopedic. When referrals were put in since last May 2013. The MRI results been back since December 2013 after the trip. We are almost at the end of February 2014. Two referrals have been put in for me to be seen by the orthopedic as soon as possible. No appointments have been made to date for me to be seen by the orthopedic according to the chronic care doctor during my check-up for seizures and blood reading. No appointment(s) reflected in my chart that would support CCS Correct Care Solutions is making

2 of 3 pages

every effort to give me adequate medical treatment. The results of my medical grievance being filed through the disregard that is very distressing daily. CCS Correct Care Solution is in violation of the November 19, 2009 CRIPA Investigation of the Westchester County Jail in violation of my Eighth Amendment Estelle v. Gamble, 429 U.S. 97, 104 (1976); Hathaway v. Coughlin, 37 F.3d 63, 66 (2d Cir. 1994); Odom v. Kerns, No. 99 Civ. 10668 (KMK) (MHD), 2008 WL 2463890, at *6 (S.D.N.Y. 2008).

Grievant Signature: _____



Date/Time Submitted:

FEBRUARY 15, 2014 6:00 P.M.
TO: Sgt. BROWN

cc:file

Orrin Fullerton

Honorable Judge Vincent Briccetti

**Grievance Form - Part I**Facility: WESTCHESTER COUNTY JAILHousing Location: 2NW41Name of Inmate: RONALD CARTER

Grievance #: _____

Brief Description of the Grievance (Completed by the grievant):

Number of Additional Sheets Attached ()

I have previous placed (2) Authorization for Release of Health Information Pursuant to HIPAA forms addressed to Deputy Commissioner Pruyne to obtain my MRI results from December 16, 2013 medical trip. Pertaining to my health where in 6-weeks no response has been returned. In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) I am entitle to obtain my medical records concerning my health without my Fourteenth Amendment rights being denied.

Action requested by the grievant (Completed by the grievant):

Number of Additional Sheets Attached ()

To know the cost per copy of each page for the MRI results to obtain from the December 16, 2013 medical trip in its entirely without further delay that continue to add to my Eighth Amendment rights being violated. Due to the challenge deprivation of not receiving adequate medical care constituting a constitutional violation. See JONES V. WESTCHESTER COUNTY DEPT. of CORR. MED. DEPT. 557 F. Supp. 2d 408, 413-14 (S.D.N.Y.2008)

Grievant Signature: _____

Date/Time Submitted: _____

Receiving Staff Signature: _____

Date/Time Received: _____

Summary of facility staff attempts to resolve (Completed by Grievance Coordinator):
(Attach relevant documentation)

Number of Additional Sheets Attached ()

SUBMITTED GRIEVANCE FEBRUARY 20, 2014 TO JET ROBERT SUPERVISOR
IN THE WESTCHESTER COUNTY JAIL.

COPY ONLY

CC: MR. ORRIN FULLERTON
HONORABLE JUDGE BRICCETTI

New York State Commission of Correction



Grievance Form - Part I

Facility: WESTCHESTER COUNTY JAIL

Housing Location: 2NW41

Name of Inmate: RONALD CARTER

Grievance #: _____

Brief Description of the Grievance (Completed by the grievant)

Number of Additional Sheets Attached ()

Certified Return Receipt- 7011 2970 0000 3017 6255 , 7012 3080 0000 6265 4463
 7012 3050 0000 6265 4596

On January 13, 2014 I Ronald Carter sent out (3) large brown manila envelopes to be process Certified Return Receipt requesting for the Green/White Receipts to be returned back to me to have for my receipt. The money is available in my account I would like to know why in 72-hours. My Certified Return Receipt mail has not been process reflecting in my account that the money has been deducted.

Action requested by the grievant (Completed by the grievant)

Number of Additional Sheets Attached ()

Explanation why my legal mail was held without being process when the funds are available? The documents contain motions that have a deadline date. To have my legal mail sent out and the above Green/White receipts returned that have the numbers above as stated on the form to keep for my record.

Grievant Signature: Ronald CarterDate/Time Submitted: 1/15/2014

Receiving Staff Signature: _____

Date/Time Received: _____

Signature of Grievance Coordinator (to be completed by Grievance Coordinator)
 (Do not return this section)

Number of Additional Sheets Attached ()

CHAMBERS OF THE HONORABLE LISA MARGARET SMITH
UNITED STATES MAGISTRATE JUDGE
UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
HON. CHARLES L. BRIEANT, JR. FEDERAL BUILDING &
FEDERAL COURTHOUSE
300 QUARROPAS STREET
WHITE PLAINS, NY 10601
TEL: (914) 390-4130
FAX: (914) 390-4135

DATE:

3/21/13

DEFENDANT:

Ronald Carter

DOCKET NUMBER:

13 Cr 198 (VB)

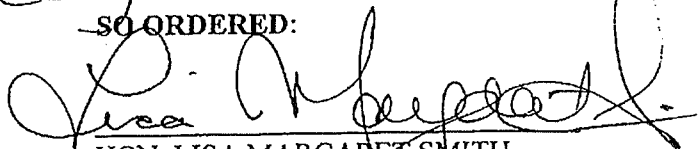
ATTENTION: WARDEN OF THE APPROPRIATE CORRECTIONAL FACILITY

DEFENDANT Ronald Carter HAS BEEN REMANDED IN LIEU
OF BAIL. AT THE PROCEEDING BEFORE THE COURT, THE FOLLOWING MEDICAL
INFORMATION REQUIRING YOUR ATTENTION WAS DISCLOSED:

suffers seizures for which he takes
Dilantin 10mg 2 x/day (6am + 4pm)
HE HAS NOT HAD THE MEDICATION AT ALL TODAY
he also takes pain meds for back
pain resulting from a 2012 car
accident.

EVALUATE IMMEDIATELY AND MEDICATE
AS NEEDED

SO ORDERED:



HON. LISA MARGARET SMITH
UNITED STATES MAGISTRATE JUDGE
SOUTHERN DISTRICT OF NEW YORK

EXHIBIT

06/06/2014	<u>115</u>	SENTENCING SUBMISSION by USA as to Ronald Carter. (Graff, Ilan) (Entered: 06/06/2014)
06/09/2014		Minute Entry for proceedings held before Judge Vincent L. Briccetti: Sentencing held on 6/9/2014 for Ronald Carter (7) Count 1s. Court Reporter: Mary Staten. Dft & Atty Lori Cohen pres AUSA Daniel P Filor pres. Sentencing held 60 mths impr, 2 yr s.r. Standard conditions 1-13 apply. Special conditions: Dft shall participate in a program approved by probation for drugs/alcohol..... Dft is subject to a search provision..... Report to probation w/1 72 hrs of release from custody, supervised by district of residence. \$100.00 S.A. Due immediately. Recommends to BOP that the dft be

		designated to a medical facility asap., and that he be designated to a facility close to Peekskill, NY. The underlying indictment is dismissed. Dft is remanded. Right to appeal. (jty) (Entered: 06/09/2014)
06/09/2014		DISMISSAL OF COUNTS on Government Motion as to Ronald Carter (7) Count 2.. (jty) (Entered: 06/09/2014)
06/09/2014	<u>116</u>	JUDGMENT as to Ronald Carter (7), Count(s) 1s, Sentencing held 60 mths impr, 2 yr s.r. Standard conditions 1-13 apply. Special conditions: Dft shall participate in a program approved by probation for drugs/alcohol..... Dft is subject to a search provision..... Report to probation w/1 72 hrs of release from custody, supervised by district of residence. \$100.00 S.A. Due immediately.; Count(s) 2, Dismissed. (Signed by Judge Vincent L. Briccetti on 6/9/2014)(jty) (Entered: 06/09/2014)
06/09/2014	<u>117</u>	SEALED DOCUMENT placed in vault.12175 (jty) (Entered: 06/10/2014)



**U.S. Department of Justice
Federal Bureau of Prisons
Federal Correctional Institution**

Fairton, New Jersey 08320

To: Inmate: CARTER, RONALD
Reg. No 68336-054
Quarters: HDL

FCI Fairton Utilization Review Committee

Subject: Medical Consult Review

Consult submitted to Utilization Review Committee: 3-27-15
Your medical consult for Spine Specialist –Premier Orthopedic
Has been Approved by the local URC at this time.

The Utilization Review committee found the consult to be:

Medically Necessary-ROUTINE

If the above medical consult is approved, the consult will then be scheduled based upon prioritization at the next available appointment. In the meantime, you should continue to work with your primary care clinician team regarding any medical concerns.

3/30/15

Date

Dr. Ruben B. Morales
Clinical Director



Department of Correction Valhalla, New York

Memorandum

Date: 29 August 2013
To: Inmate Ronald Carter
From: Sgt. Bell #21
Re: Grievance #J-232-13

Please be advised that your grievance is being returned to you unanswered because you failed to provide the necessary information to conduct a proper investigation. Your grievance is vague and I am unsure of who or what you are grieving. Your grievance is denied per NYS minimum standards 7032.4(F).

104

Westchester County Jail

210311

40413 10/2/82

Grievance #: J-163-13

Number of Additional Sheets Attached ()

I WENT TO SHELAW THIS EVENING JUNE 23, 2013. TO EXPLAIN TO THE PA THAT THE NEW
REGULATION I WAS SUBMITTED TO DO NOT HAVE THE PA IN IT I MAY /BLACK BOX ON /LEAF
THAT WAS MARKED BY THE DAN HUBBARD. THE PA STATED THAT HE DO NOT HAVE ANY /FACT
TO SEE WHAT THE SITUATION I AM TAKING. HE DID NOT SAY ANYTHING UP ON THE POLARISE
WHICH I WAS SITTING IN FRONT OF HIM AND HAD NO KNOWLEDGE OF ANYTHING. SPOKE ON
FATHER THE PA STATED HE WOULD CALL THE OUT LETTERS. WHEN HE GET ANY /FACT. DURING
2013. SPOKE ON THE PA STATED TO ME THROUGH THE ALISS DOORS.

Number of Additional Sheets Attached ()

TO INVESTIGATE THAT THIS IS THE RIGHT MEDICATION TO SUPPLY TO HELP WITH
THE HUN I CONTINUE TO PULL ON BOTH MEDICIN AND CHES SLIPS BEING EFFECTED IN
THE HUN I AM SUPPLYING THE CHES CONTINUING TO BE UNBEARABLE, EVEN IF THE ONLY
MEDICINE AVAILABLE IS THE ONE I WAS TAKE OFF TO TRY SOMETHING NEW. I HAVE PROVED
THAT THIS FORM MEDICINE IS DOING NOTHING THE CHES HAS (HARD BACK LOCK), THE PAIN RIGID
IS WHAT HELD BACK WHEN LEAVING THE BRIDGE AREA. HE STANDING - HE LEAN, FEELING
BEING UNBEARABLE.

Handwritten signature

6/27/1847

At _____

6/24/13 / 11:50 AM

Number of Additional Sheets Attached ()

Complaint was forwarded to CCS
Re Michael Kelly and Dr. Gondell.

SECTION 502(b)(7)(C)

DURING SICK CALL THE PA WOULD HAVE THE MEDICAL CHART OR
 CHECK THE COMPUTER TO SEE WHAT MEDICATION I WAS
 PRESCRIBED TO TAKE. I WAS ADVISED I HAD TO WAIT UNTIL
 AFTER MY CHART, WHY WOULD SICK CALL BE CONDUCTED IF THE
 PA COULD NOT GIVE ME ANY INFORMATION DURING SICK CALL IN
 REGARD TO MY HEALTH HISTORY WITH HAVING NO KNOWLEDGE OF
 THE MEDICATION I'M TAKING NOW. IF THE PA INFORMED ME I
 HAVE TO WRITE TO HIM TO HAVE MY MEDICATION CHANGED. A
 NINITE HAS MEDICAL RIGHTS BY LAW WHERE OTHER NINITES
 SHOULD NOT BE ABLE TO HEAR A PA TALKING LOUD THROUGH
 A WALL ABOUT THE MEDICATION A NINITE IS TAKING
 AS A NINITE WE HAVE PRIVACY RIGHTS. DURING SICK CALL A
 PA SHOULD KNOW THE MEDICATION AND HEALTH OF A NINITE
 TO MAKE A DETERMINATION IN PRIVACY. WHAT WOULD BE THE
 ADVISE OR BEST DECISION FOR THE NINITE NOT TELL NINITE
 HE WILL INFORM HIM LATER WHICH WAS AROUND OTHER NINITE
 VIOLATING AN MEDICAL PRIVACY. BY THE PA NOT HANDLING MY
 SICK CALL REQUEST PROPERLY HAS ADVISE TO WRITE HIM
 IN ORDER TO CHANGE MY MEDICATION WAS I NOT ALLOW
 HAD NOTHING TO DO WITH MY SICK CALL. I HAVE HAD MY
 SICK 3 MONTHS PUT IN A SICK AND SICK WHERE THE PHYSICIAN
 TREATMENT HAS BEEN REQUESTED THROUGH THE PREVIOUS
 3 MONTHS. IF THE PA NOT HANDLING MY SICK CALL
 WITH MY MEDICATION I WILL BE ABLE TO CHANGE

New York State Commission of Correction



Grievance Form - Part II

Facility: Westchester County JailGrievance #: J-163-13Name of Inmate: Ronald CarterDate Part 1 was received: 24 June 2013

Decision of the Grievance Coordinator:

Number of Additional Sheets Attached

(Including specific facts and reasons underlying the decision)

The Medical Director will meet with the NP to discuss this grievance and its findings. The Medical Director will reinforce with all the NP's the need to maintain privacy when following up with detainee. The Medical Director will also review the medical record and assign an NP to meet with the detainee to develop a pain management program. Decision agrees with the grievant.

Signature of the Grievance Coordinator: [Signature]Date: 3 July 2013

- ☒ I have read the above decision of the Grievance Coordinator
☒ I agree to accept the decision
☒ I wish to appeal to the Chief Administrative Officer

Grievant Signature: [Signature]Date: 3 July 2013

Decision of the Chief Administrative Officer:

Number of Additional Sheets Attached

(Including specific facts and reasons underlying the decision)

See attached memo.

Signature of the Chief Administrative Officer: [Signature]Date: 7/2/13

PURSUANT TO SECTION 7032.5(A), ANY GRIEVANT MAY APPEAL ANY GRIEVANCE DENIED BY THE FACILITY ADMINISTRATOR, IN WHOLE OR IN PART, TO THE STATE COMMISSION OF CORRECTION.

- ☒ I have read the above decision of the Chief Administrative Officer
☒ I agree to accept the decision
☒ I wish to appeal to the Citizen's Policy and Complaint Review Council

Grievant Signature: [Signature]Date: 7/9/13Submission to the Citizen's Policy and Complaint Review Council

I HAVE ISSUED THE GRIEVANT A RECEIPT INDICATING THE DATE THE APPEAL HAS BEEN SUBMITTED TO THE CITIZEN'S POLICY AND COMPLAINT REVIEW COUNCIL. I HAVE ENCLOSED WITH THIS GRIEVANCE, THE INVESTIGATION REPORT AND ALL OTHER PERTINENT DOCUMENTS.

Signature of the Grievance Coordinator: [Signature]Date: 7/9/13

Whitehouse
JUL 10 2013

Department of Correction Valhalla, New York

MEMORANDUM

Date: July 8, 2013

To: Ronald Carter
Detainee (JID#12245)

From: Wanda Smithson *Wanda Smithson*
Deputy Commissioner

Re: Grievance J-163-13

I have read the above grievance and sustain the decision of the grievance coordinator. Medical staff has addressed your medical needs and has assigned an NP to oversee your pain management. Privacy concerns are being reinforced with medical staff.



New York State Commission of Correction

**Grievance Form - Part I**Facility: WESTCHESTER COUNTY JAILHousing Location: 2 NORTH WESTName of Inmate: RONALD CARTER

Grievance #: _____

Brief Description of the Grievance (Completed by the grievant):Number of Additional Sheets Attached (1) 2

In (11) months since March 21, 2013 I have made medical complaint (s), filled out grievance forms and spoken vaguely to different Nurse Practitioners. During my sick call requests concerning the pain in my neck and back, the results of the MRI showing my complaints previous were not false. Which again now result in this medical grievance against CCS Correct Care Solutions in its entirety. (with the exception of two NP's showing concern) On December 16, 2013 I was taken out for a MRI trip concerning my

Action requested by the grievant (Completed by the grievant):Number of Additional Sheets Attached (2) OVER

Without further delay my health should be a priority by my Eighth Amendment to receive adequate medical treatment. Being afforded the right to be seen by a Orthopedic. To begin the assessment of my neck and back injuries. To help relieve some of the mental/physical pain watching my health diminish more without the correct medical care being provided. The MRI results support my action requested.

Grievant Signature: Ronald CarterDate/Time Submitted: FEBRUARY 15, 2014 6:00PM

Receiving Staff Signature: _____

Date/Time Received: _____

Summary of facility staff attempts to resolve (Completed by Grievance Coordinator):
(Attach relevant documentation)

Number of Additional Sheets Attached ()

THE GRIEVANCE COORDINATOR'S DO NOT LIKE FOLLOWING THE ^{RULE} RETURNING A COPY TO ME.

COPY ONLY
Submitted To Sgt. Brown

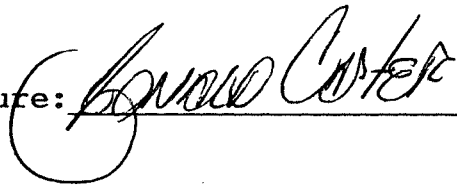
Number of Additional Sheet Atteached (1)

continuation: neck and back a very serious health concern. Since then the results from that date have returned showing that my complaints from March 21, 2013 to date require adequate medical treatment. Where I definitely need surgery as I walk around in pain from the top of my neck down to my lower back. Having the **MRI results to substantiate my grievance (s)**. I have continue to bring this to the medical department attention experiencing more pain and my right shoulder⁶² mass decreasing. I filed a grievance on December 28, 2013 after briefly learning about the MRI results being given different opinions by nurse practitioner's in hopes of speaking with the **Medical Director "Dr.U"** in person concerning my health that continue to diminish. The response to my grievance from December 28, 2013 was unsubstantiated by the investigating Supervisor where I will present my argument at a later date. It was mention **"Additionally, MRI results were reviewed by Medical Director who also met with inmate Carter to discuss the results"** Having that be stated will be presented as evidence to show that a statement not investigated and never occurred will support the **"deliberate indifferences"** that continue. By the ~~the~~ CCS Correct Care Solutions staff. [To date I have not met with the **Medical Director** to discuss anything in regard to the seriousness of my health or the MRI results] I have put in more sick call request slips since December 28, 2013 to inquire about how long or how much more pain/suffering must I endure since March 21, 2013 to be seen by a orthopedic. When referrals were put in since last May 2013. The MRI results been back since December 2013 after the trip. We are almost at the end of February 2014. Two referrals have been put in for me to be seen by the orthopedic as soon as possible. No appointments have been made to date for me to be seen by the orthopedic according to the chronic care doctor during my check-up for seizures and blood reading. No appointment(s) reflected in my chart that would support CCS Correct Care Solutions is making.

2 of 3 pages

every effort to give me adequate medical treatment. The results of my medical grievance being filed through the disregard that is very distressing daily. CCS Correct Care Solution is in violation of the November 19, 2009 CRIPA Investigation of the Westchester County Jail in violation of my Eighth Amendment Estelle v. Gamble, 429 U.S. 97, 104 (1976); Hathaway v. Coughlin, 37 F.3d 63, 66 (2d Cir. 1994); Odom v. Kerns, No. 99 Civ. 10668 (KMK) (MHD), 2008 WL 2463890, at *6 (S.D.N.Y. 2008).

Grievant Signature:



Date/Time Submitted:

FEBRUARY 15, 2014 6:00 P.M.
To: Sgt. BROWN

cc:file

Orrin Fullerton

Honorable Judge Vincent Briccetti

**Grievance Form - Part I**Facility: WESTCHESTER COUNTY JAILHousing Location: 2NW41Name of Inmate: RONALD CARTER

Grievance #: _____

Brief Description of the Grievance (Completed by the grievant):

Number of Additional Sheets Attached ()

I have previous placed (2) Authorization for Release of Health Information Pursuant to HIPAA forms addressed to Deputy Commissioner Pruyne to obtain my MRI results from December 16, 2013 medical trip. Pertaining to my health where in 6-weeks no response has been returned. In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) I am entitle to obtain my medical records concerning my health without my Fourteenth Amendment rights being denied.

Action requested by the grievant (Completed by the grievant):

Number of Additional Sheets Attached ()

To know the cost per copy of each page for the MRI results to obtain from the December 16, 2013 medical trip in its entirely without further delay that continue to add to my Eighth Amendment rights being violated. Due to the challenge deprivation of not receiving adequate medical care constituting a constitutional violation. See JONES V. WESTCHESTER COUNTY DEPT. of CORR. MED. DEPT. 557 F. Supp. 2d 408, 413-14 (S.D.N.Y.2008)

Grievant Signature: _____

Date/Time Submitted: _____

Receiving Staff Signature: _____

Date/Time Received: _____

Summary of facility staff attempts to resolve (Completed by Grievance Coordinator):
(Attach relevant documentation)

Number of Additional Sheets Attached ()

SUBMITTED GRIEVANCE FEBRUARY 20, 2014 TO JET ROBERT SUPERVISOR
IN THE WESTCHESTER COUNTY JAIL.

COPY ONLY

cc: MR. ORRIN FULLERTON
HONORABLE JUDGE BRICCETTI

New York State Commission of Correction



Grievance Form - Part I

Facility: WESTCHESTER COUNTY JAIL

Housing Location: 2NW41

Name of Inmate: RONALD CARTER

Grievance #: _____

Brief Description of the Grievance (Completed by the grievant)

Number of Additional Sheets Attached ()

Certified Return Receipt- 7011 2970 0000 3017 6255 , 7012 3080 0000 6265 4463
 7012 3050 0000 6265 4586

On January 13, 2014 I Ronald Carter sent out (3) large brown manila envelopes to be process Certified Return Receipt requesting for the Green/White Receipts to be returned back to me to have for my receipt. The money is available in my account I would like to know why in 72-hours. My Certified Return Receipt mail has not been process reflecting in my account that the money has been deducted.

Action requested by the grievant (Completed by the grievant)

Number of Additional Sheets Attached ()

Explanation why my legal mail was held without being process when the funds are available? The documents contain motions that have a deadline date. To have my legal mail sent out and the above Green/White receipts returned that have the numbers above as stated on the form to keep for my record.

Grievant Signature: Ronald CarterDate/Time Submitted: 1/15/2014

Receiving Staff Signature: _____

Date/Time Received: _____

Signature of Grievance Coordinator (Completed by Grievance Coordinator)
 (Actual release of grievance)

Number of Additional Sheets Attached ()

CHAMBERS OF THE HONORABLE LISA MARGARET SMITH
UNITED STATES MAGISTRATE JUDGE
UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
HON. CHARLES L. BRIEANT, JR. FEDERAL BUILDING &
FEDERAL COURTHOUSE
300 QUARROPAS STREET
WHITE PLAINS, NY 10601
TEL: (914) 390-4130
FAX: (914) 390-4135

DATE:

3/21/13

DEFENDANT:

Ronald Carter

DOCKET NUMBER:

13 Cr 198 (VB)

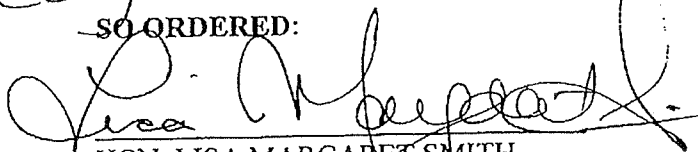
ATTENTION: WARDEN OF THE APPROPRIATE CORRECTIONAL FACILITY

DEFENDANT Ronald Carter HAS BEEN REMANDED IN LIEU
OF BAIL. AT THE PROCEEDING BEFORE THE COURT, THE FOLLOWING MEDICAL
INFORMATION REQUIRING YOUR ATTENTION WAS DISCLOSED:

suffers seizures for which he takes
Dilantin 10mg 2 x/day (6am + 4pm)
HE HAS NOT HAD THE MEDICATION AT ALL TODAY
he also takes pain meds for back
pain resulting from a 2012 car
accident.

EVALUATE IMMEDIATELY AND MEDICATE
AS NEEDED

SO ORDERED:



HON. LISA MARGARET SMITH
UNITED STATES MAGISTRATE JUDGE
SOUTHERN DISTRICT OF NEW YORK

EXHIBIT

06/06/2014	<u>115</u>	SENTENCING SUBMISSION by USA as to Ronald Carter. (Graff, Ilan) (Entered: 06/06/2014)
06/09/2014		Minute Entry for proceedings held before Judge Vincent L. Briccetti: Sentencing held on 6/9/2014 for Ronald Carter (7) Count 1s. Court Reporter: Mary Staten. Dft & Atty Lori Cohen pres AUSA Daniel P Filor pres. Sentencing held 60 mths impr, 2 yr s.r. Standard conditions 1-13 apply. Special conditions: Dft shall participate in a program approved by probation for drugs/alcohol..... Dft is subject to a search provision..... Report to probation w/1 72 hrs of release from custody, supervised by district of residence. \$100.00 S.A. Due immediately. Recommends to BOP that the dft be

		designated to a medical facility asap., and that he be designated to a facility close to Peekskill, NY. The underlying indictment is dismissed. Dft is remanded. Right to appeal. (jty) (Entered: 06/09/2014)
06/09/2014		DISMISSAL OF COUNTS on Government Motion as to Ronald Carter (7) Count 2.. (jty) (Entered: 06/09/2014)
06/09/2014	<u>116</u>	JUDGMENT as to Ronald Carter (7), Count(s) 1s; Sentencing held 60 mths impr, 2 yr s.r. Standard conditions 1-13 apply. Special conditions: Dft shall participate in a program approved by probation for drugs/alcohol..... Dft is subject to a search provision..... Report to probation w/1 72 hrs of release from custody, supervised by district of residence. \$100.00 S.A. Due immediately.; Count(s) 2, Dismissed. (Signed by Judge Vincent L. Briccetti on 6/9/2014)(jty) (Entered: 06/09/2014)
06/09/2014	117	SEALED DOCUMENT placed in vault. 12175 (jty) (Entered: 06/10/2014)



**U.S. Department of Justice
Federal Bureau of Prisons
Federal Correctional Institution**

Fairton, New Jersey 08320

To: Inmate: CARTER, RONALD
Reg. No 68336-054
Quarters: HDL

FCI Fairton Utilization Review Committee

Subject: Medical Consult Review

Consult submitted to Utilization Review Committee: 3-27-15
Your medical consult for Spine Specialist –Premier Orthopedic
Has been Approved by the local URC at this time.


The Utilization Review committee found the consult to be:

Medically Necessary-ROUTINE

If the above medical consult is approved, the consult will then be scheduled based upon prioritization at the next available appointment. In the meantime, you should continue to work with your primary care clinician team regarding any medical concerns.

3/31/15

Date



Dr. Ruben B. Morales
Clinical Director

ADRIAN BARTER 18336-054
181 FAIRTON ROAD
PO BOX 420
FAIRTON, NEW JERSEY 08320

REQUIRE POSTAGE

68336-05
U.S. District Court
Clerk of Court
500 Pearl St
NEW YORK, NY 10007
United States

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Southern District of New York
Fed & Office
The District Attorney
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New York, New York 10007-1312

SDNY
10007-1312

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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD ALONG DOTTED LINE

7014 0150 0002 1916 7743

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AMOUNT
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